

BEST AVAILABLE COPY

POSITION	ID NO.	DATE
CLASSIFIER	19	4/17/90
EXAMINER	230	4/20/90
TYPIST	35	4/13/90
VERIFIER	258	4/28
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	08 04
Original	26 02
	94 05
1	✓
2	✓
3	✓
4	✓
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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